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**RAWMARSH
URBAN DISTRICT
COUNCIL**

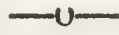
**THE HEALTH OF
RAWMARSH
1963**



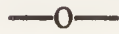
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RAWMARSH URBAN DISTRICT CUONCIL

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MEMBERS AS AT

31st December, 1963

Chairman of the Council :

Councillor E. W. MORRIS

Vice-Chairman of the Council:

Councillor T. MARRIOTT

Chairman of the Public Health Committee:

Councillor L. J. McMANUS

Councillors:

Mrs. N. BOOTH	J. KAY
C. H. BRETT	J. E. PAYNE (Cnty. Alderman)
H. BURKINSHAW	E. A. REDDINGTON
F. CORNWELL	P. J. RODEN
F. DAWSON (Cnty. Councillor)	T. RYAN
A. HAWKE	K. R. SYMONDS
J. H. HUMPHRIES	J. WEST

Medical Officer of Health:

D. J. CUSITER, M.B., Ch.B., D.P.H., D.T.M. & H.

Chief Public Health Inspector:

W. WADSWORTH, D.P.A., M.A.P.H.I.

P R E F A C E

To the Chairman and Members of Rawmarsh Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I include in this annual report of the health of your district details of the County Council health and school services.

The population showed a natural increase of 210 and an overall increase of 100 according to the Registrar General's estimate of the resident population for mid-1963.

There were no maternal deaths in the district. 9 infant deaths were recorded from a total of 414 births, all died in hospital. 7 were two days old or less (6 of which were premature births, one with a birth weight of 6 lbs.); prematurity contributed or was a cause of death in all of these. Of the remaining 2, one occurred at four months from meningitis and one at six months from respiratory disease.

The infant mortality rate (deaths under one year of age per thousand live births) was 21.7 (West Riding 23.0, England and Wales 20.9); mean division 26, 21.1.

The corrected birth rate was 21.0 (West Riding 18.3) based on an increasing population and is comparable with the previous year. The corrected death rate was 13.5, slightly in excess of that for the West Riding as a whole (13.3).

The total deaths were 204, of which 76 were due to diseases of heart and blood vessels, 44 to cancer in various sites (12 cancer of the lung), and 22 to respiratory diseases. These correspond to rates of 3.85 (West Riding 4.53); 2.28 (West Riding 1.94); 1.11 (West Riding 1.57). Although it would not be statistically proper to make any definite deductions from these totals or rates, it may be significant that deaths from respiratory diseases follow closely on deaths from cancer in the division as a whole and in one urban district exceeds such deaths. In the country the commonest causes of death in descending order are heart and circulatory diseases, cancer,

vascular diseases of the nervous system and respiratory disease. It will be noted that in this division respiratory diseases occupy a third place in every urban district except one.

The role of atmospheric pollution in deaths from respiratory diseases and cancer of the lung and bronchitis need not I hope be restated, and I trust that those urban districts which have not yet made proposals for smoke control areas will consider their position once more.

There were 2 deaths from tuberculosis. No deaths were recorded from diphtheria, measles or poliomyelitis.

There were 20 illegitimate births, as compared with 11 in the previous year, with no deaths.

In September 1963 the Chairman of the Council inaugurated the extensions to the Roundwood sewage disposal works. The original works were first constructed in or about the year 1900 and comparatively minor extensions were carried out to these works prior to the present scheme. The extensions were constructed under two separate contracts at a total cost of nearly £65,000. The plant has now the capacity to deal with sewage from a population of 20,000.

The problem of the health education of a largely indifferent public continued to exercise my attention during the year. The recent publicity linking lung cancer and smoking, the rising incidence of venereal disease in young people in the country as a whole, but not I am happy to say in this area, and the apparent lack of response to our efforts in these directions, have lead to some reappraisal. The original concept of health education was the ideal of the production of a positive state of health and it embraced measures necessary for a full existence. Attention was drawn to the common-sense necessities of a healthy life. In recent years however, it has become apparent that this original definition has yielded to the idea of a mere avoidance of disease and it is this aspect of the subject with which we are now more particularly concerned. The matter is more complicated by man's essentially epicurean nature and by his inherent belief in his own immunity from the diseases of others.

It is time perhaps to think afresh of the principles upon which we must base our efforts towards educating the public on health matters. It is essential to relate the instruction to the particular local interests of the audience, to oblige them to participate actively, to ensure that the particular teaching is in keeping with their intellectual and educational status, to re-inforce the lessons by repetitive teaching on several different occasions, and to supply them with an adequate incentive, whether this be a recognition of a result or their own satisfaction.

It is with regret that I report an avoidable death from Pink disease (acrodynia) during the year. This disease of infancy is now happily rare but before the discovery of its causation the condition was not uncommon. The majority of cases occur between the ages of six months and two years. The disease is characterised by extreme irritability and misery, pinkness of the extremities, and symptoms of an upper respiratory tract infection. The child is unhappy and fretful and avoids the light; excessive sweating occurs and the muscles are characteristically flaccid. The most serious complication is broncho-pneumonia and this is the usual cause of death.

Until a few years ago the cause was quite unknown. Suspicions were then directed towards teething powders and it was finally determined (Colver et al and others) that the condition was in fact a form of mercury poisoning and was due to the calomel content of proprietary teething powders. No teething powders containing mercury were manufactured after 1953, but unfortunately, in small shops throughout the country it was some little time before old stocks were withdrawn. In this particular case the teething powders were purchased from a local post office in Oxfordshire and the remaining teething powders in the mother's possession were shown to contain inorganic mercury.

For a period of some years the shops in this area have been visited and any teething powders containing mercury have been destroyed in the presence of the public health inspector, and

I am confident that as far as it is humanly possible, no mercury teething powders are sold in this division. It should be emphasised that the value of teething powders in any event has always been debatable and the public should be educated as far as possible to discontinue their use. Small doses of aspirin are quite as effective in soothing the fretful child.

The report of the Standing Medical Advisory Sub-Committee on the field of work of the family doctor stated :—‘We have considered the proposal that work concerned with personal health and well-being is so closely allied that the two divisions of the health service concerned, i.e. General Medical Services and Preventive Health Services, should be under unified control. We note from the evidence we have received that effective co-operation already exists in some areas, and believe that it can be extended without this major alteration in administration. It may be that the fullest understanding is more easily achieved at the present time if problems common to the work of the family doctors and local authority doctors are approached from different standpoints but with a common purpose.’

In accordance with the spirit of this report and of the ten year plan for community care, the County Council is making provision for the strengthening of co-operation with general practitioners. Such measures as the attachment of health visitors to family doctors are approaching completion and arrangements are being made to offer the latter the use of clinics. It is intended that practitioners may carry out ante natal and infant welfare examinations of their own patients without charge, and ultimately the general medical care of their practice on payment to the County Council of an economic rental. The County Council have completed one health centre in the West Riding (Cleckheaton) due for opening in 1964. The remainder of general practitioner accommodation will, however, be in existing clinics or special ‘mini’ clinics; the latter do not rank as health centres and therefore require no special ministerial approval.

It is too early as yet to say in what way these schemes will affect this division. Health visitor attachment to general practices is still in its infancy and I hope to make a further report on this subject in my next years report.

I wish to record my thanks to Mr. W. Wadsworth, the public health inspector, for his work and co-operation during the year. In this short preface I cannot mention all those members of the medical and administrative staff whose efforts I have so greatly appreciated.

My thanks are particularly due to the staff of the divisional health office who have made the preparation of this report possible.

I remain,

Your obedient servant,

D. J. CUSITER

Medical Officer of Health.

Divisional Public Health Office,
Dunford House,
Wath upon Dearne,
Rotherham.
(Tel. No. Wath 2251/2)

SECTION 'A'

NATURAL AND SOCIAL CONDITIONS OF THE AREA

(a) General Statistics

Area (in acres	.....	.....	.....	.....	.....	2,607
Registrar General's estimate of Resident Population						
Mid-1963	.....	.....	.....	.....	.....	19,740
Number of inhabited houses at 31st December, 1963						6,270
Population density (persons per house)						3.1
House density (houses per acre)	.....	.....	.....	.....		2.4
Rateable value	.....	.....	.....	.....	.....	£639,726
Net product of 1d. rate	.....	.....	.....	.....	.....	£2,549

(b) Physical and Social Conditions

The Registrar General's estimate of the resident population of the urban district for mid-1963 was 100 higher than that for mid-1962. The natural increase of the population was 210 in 1963.

There was an increase of 133 in the number of inhabited houses at 31st December, 1963. One hundred and twenty-two new houses were completed during the year; 104 by the local authority and 18 by private enterprise. 19 unfit houses were demolished and 14 closed.

VITAL STATISTICS

Live Births:—

		Males	Females	Total
Total	.....	216	198	414
Legitimate	.....	205	189	394
Illegitimate	.....	11	9	20

Live Birth Rate (uncorrected)					
per 1,000 population	.....	.....	.....	.....	21.0
Live Birth Rate (corrected)					
Per 1,000 population		.....	.....	.....	21.0
Illegitimate live births percentage of					
total live births	.....	.....	.....	.....	4.8

Still-births:—

		Males	Females	Total	
Total	.....	8	3	11	
Rate per 1,000 live and still births			.....	.....	25.9
		Males	Females	Total	
Total Live and Still-births		224	201	425	

Deaths of Infants under 1 year of age:—

		Males	Females	Total	
Total	.....	6	3	9	
Legitimate	.....	6	3	9	
Illegitimate	.....	—	—	—
Infant Mortality Rate per 1,000 live births	.....				21.7
Legitimate Infants per 1,000 legitimate live births	.....				22.8
Illegitimate Infants per 1,000 illegitimate live births					—
Neo-natal mortality rate (deaths under 4 weeks per					
1,000 total live births)	.....	.....	.....		16.9
Early neo-natal mortality rate (deaths under 1 week					
per 1,000 total live births)	.....	.....	.....		16.9
Perinatal mortality rate (still-births and deaths					
under 1 week combined per 1,000 total live					
and still-births)	.....	.....	.....	.....	42.4

Maternal Mortality, including abortion:—

Number of deaths	.....	.....	.....	.....	—
Rate per 1,000 total live and still-births			.....	.....	—
Total Deaths	.....	.....	.....	.....	204
Death Rate (uncorrected)		.....	.....	.....	10.3
Death Rate (corrected)	.....	.....	.....	.....	13.5
Natural increase of population		.....	.....	.....	210

CAUSES OF DEATH IN 1963

				Males	Females	Total
1.	Tuberculosis, Respiratory	.....	.....	1	—	1
2.	Tuberculosis, Other	.....	.....	1	—	1
3.	Syphilitic disease	.....	.....	—	1	1
4.	Diphtheria	.....	.....	—	—	—
5.	Whooping Cough	.....	.....	—	—	—
6.	Meningococcal infections	.....	.....	1	—	1
7.	Acute Poliomyelitis	.....	.....	—	—	—
8.	Measles	.....	.....	—	—	—
9.	Other infective and parasitic diseases	.....	.....	3	—	3
10.	Malignant neoplasm, stomach	.....	.....	3	3	6
11.	Malignant neoplasm, lung, bronchus	.....	.....	10	2	12
12.	Malignant neoplasm, breast	.....	.....	—	2	2
13.	Malignant neoplasm, uterus	.....	.....	—	3	3
14.	Other Malignant and lymphatic neoplasms	.....	.....	12	9	21
15.	Leukaemia and aleukaemia	.....	.....	1	—	1
16.	Diabetes	.....	.....	—	—	—
17.	Vascular lesions of nervous system	.....	.....	11	10	21
18.	Coronary diseases, angina	.....	.....	22	12	34
19.	Hypertension with heart disease	.....	.....	3	1	4
20.	Other heart disease	.....	.....	13	18	31
21.	Other circulatory disease	.....	.....	4	3	7
22.	Influenza	.....	.....	—	—	—
23.	Pneumonia	.....	.....	4	1	5
24.	Bronchitis	.....	.....	11	3	14
25.	Other diseases of respiratory system	.....	.....	2	1	3
26.	Ulcer of stomach and duodenum	.....	.....	—	—	—
27.	Gastritis, Enteritis and Diarrhoea	.....	.....	—	1	1
28.	Nephritis and Nephrosis	.....	.....	—	—	—
29.	Hyperplasia of prostate	.....	.....	—	—	—
30.	Pregnancy, childbirth and abortion	.....	.....	—	—	—
31.	Congenital malformation	.....	.....	—	—	—
32.	Other defined and ill-defined disease	.....	.....	7	11	18
33.	Motor vehicle accidents	.....	.....	1	1	2
34.	All other accidents	.....	.....	2	6	8
35.	Suicide	.....	.....	2	2	4
36.	Homicide and operations of war	.....	.....	—	—	—
TOTALS				114	90	204

DEATHS OF INFANTS UNDER 1 YEAR OF AGE

No.	Cause of Death				Age	Died at
1	IA	Meningococcal Meningitis				
	II	Bilateral Basal Pneumonia	....	....	4 months	Moorgate Hospital Rotherham
2	IA	Intra-cranial Haemorrhage				
	B	Tear of Tentorium Cerebelli				
	II	Prematurity	....	....	2 days	Moorgate Hospital Rotherham
3		Prematurity	....	....	3 hours	Moorgate Hospital Rotherham
4	1A	Broncho Pneumonia				
	II	Pulmonary Collapse	....	....	6 months	Lodge Moor Hosp. Sheffield
5		Hydrops Foetalis				
		Rhesus Incompatability	....	....	1 hour	Moorgate Hospital Rotherham
6		Interstitial Emphysema				
		Prematurity	....	....	1 day	Moorgate Hospital Rotherham
7		Intracranial Haemorrhage				
		Prematurity	....	....	1 day	Moorgate Hospital Rotherham
8)		Partial atelectasis of lungs				
)		Prematurity	....	....		Rotherham
)					2 days	Moorgate Hospital
9)Twins		Partial atelectasis of lungs				
)		Prematurity	....	....	1 day	Moorgate Hospital Rotherham

	Rawmarsh Urban District	Div. 26	Aggregate West Riding Urban Districts	West Riding Admini- strative County	England and Wales
Live Births (Crude)	21.0	19.7	17.9	18.2	18.2
Live Births (Corrected)	21.0	*	18.4	18.3	18.2
Death Rate—All causes Crude	10.3	10.9	12.7	12.0	12.2
Death Rate—All causes Corrected	13.5	*	13.6	13.3	12.2
Infective and Parasitic Diseases — excluding Tuberculosis, but in- cluding Syphilis and other V.D.	0.25	0.07	0.05	0.04	*
Tuberculosis : Respiratory	0.05	0.06	0.06	0.06	0.06
Other Forms	0.05	0.01	0.01	0.01	0.01
All Forms	0.10	0.07	0.07	0.07	0.07
Cancer	2.28	2.13	2.04	1.94	2.18
Vascular Lesions of the Nervous System	1.06	1.24	2.02	1.85	*
Heart and Circulatory Diseases	3.85	3.95	4.80	4.53	*
Respiratory Diseases	1.11	1.55	1.72	1.57	*
Maternal Mortality	—	0.00	0.50	0.45	0.28
Infantile Mortality	21.7	21.1	22.8	23.0	20.9
Neo Natal Mortality	16.9	10.6	15.2	15.0	14.2
Early Neo Natal Mor- tality....	16.9	9.1	12.6	12.6	*
Perinatal Mortality	42.4	33.1	31.6	31.1	*
Still-Births	25.9	24.2	19.2	18.7	17.3

* Figures not available.

In the discussion that follows it should be remembered that the rates are calculated on relatively small numbers and that variations from year to year may or may not be statistically valid. No conclusions can therefore be drawn from minor fluctuations in rates from year to year, but observation of the overall trend of the differing rates over a period of years is of value. Crude rates are invalid for comparative purposes since they are affected by the population structure as to age and sex; ageing populations for example, living in the most healthy surroundings, will obviously exhibit a higher crude death rate than a young population in the industrial areas.

Live Births

In this division 95 illegitimate births have been recorded as compared with 70 last year, but it should be stated that the problem of illegitimate births is not a significant one in this area.

For some years the number of births and the rate have progressively increased. The birth rate is slightly in excess of that for the West Riding as a whole and corresponds to an overall increase of population in this division of 840, the natural increase being 1,014. The birth rate obviously varies with the proportion of women of child bearing age and to overcome this fact an area comparability factor has to be applied to crude rates. The rising trend in live birth rate has been accompanied by a general rise over the whole country of illegitimate births.

Deaths

The corrected death rate from all causes remains at a fairly constant level and shows little fluctuation over the years. It approximates to that for the rest of the country and to the remainder of the West Riding.

Infant Mortality

The infant mortality rate represents the number of children dying under the age of one year per thousand live births. The level in the division as a whole is very satisfactory, and is rather less than that for the West Riding. This rate represents the most apparent gain in health of any community, showing a decline of one hundred and thirty per thousand since the end of the last century. Causes of death in the division are representative of the general pattern of infant deaths

in the country from the ages of one week up to one year. Respiratory diseases are the commonest cause followed by congenital malformations, gastro enteritis, and infectious diseases.

Peri-natal Mortality

This rate is a measure of the hazards to the developing foetus during the latter months of pregnancy and to the baby in its first week of life. It represents the number of stillbirths and deaths in the first week of life per thousand live and still births. The rate for this division is slightly in excess of that for the West Riding and of last year's figure. The commonest causes of death are prematurity, post-natal asphyxia, congenital malformations, birth injuries; prematurity being the dominant factor.

Tuberculosis

The incidence of tuberculosis in all its forms remains at a satisfactory low level, showing a slight but not significant decrease on the previous year. With the recent influx of susceptible populations to this country, efforts at eradication must continue, and such measures as contact tracing, B.C.G. vaccination, the use of diagnostic radiological services, and continuing improvements in nutrition must be diligently applied.

Infective and Parasitic Diseases

The position is a satisfactory one, only one death has occurred during the year in this division from these causes.

Cancer

Deaths from cancer are at a slightly higher level than the rest of the West Riding but slightly lower than England and Wales as a whole, showing a slight increase over last year.

Vascular Diseases of the Nervous System

The deaths from these causes are less than in the West Riding as a whole and slightly less than the previous year. Variations from year to year are only slight and it is hard to discern any trend in this area although in the West Riding an upward trend is apparent. The deaths include such factors as 'strokes', due to cerebral haemorrhage, thrombosis or embolism, and mortality increases progressively with age.

Heart and Circulatory Diseases

This group represents the commonest causes of death in this country. The rates for this division are rather less than for the rest of the West Riding and are similar to the previous year. The various districts show a fluctuation around this mean divisional figure from which no deductions are apparent.

Coronary artery disease and angina provide the largest number of deaths in this group and the mortality is appreciably high at the ages of 45 to 54 years in men - the productive years.

Diseases of the Respiratory System

As mentioned in the introduction to this report, deaths from respiratory diseases are disproportionately high in this division in comparison with other causes of death. Deaths from chronic bronchitis are the most numerous in this group. This disease is important not only as a cause of death but also as a cause of frequent and repeated morbidity and represents a serious loss to the country. Both atmospheric pollution and cigarette smoking are heavily incriminated in its production and play a far more important role than working conditions. Prevention of this disease is all important since once structural changes have taken place the course of the illness is relentlessly progressive. It is regrettable that despite the overwhelming medical evidence, as evinced by the innumerable publications on the subject, the role of atmospheric pollution in the production of chronic respiratory disease is still questioned and the postulate that prosperity and a dirty environment are a necessary union, is still reiterated.

Maternal Mortality

It is gratifying that I am again able to report that no maternal death has occurred in this division. It is particularly pleasing to me in view of our shortage of hospital beds. The steady decline in maternal mortality and its present low level throughout the country and in the West Riding are something of which local health authorities can be justifiably proud. It is agreed that possibly the major factor in this decline has been the careful ante-natal care which almost every expectant mother now enjoys. With further understanding of toxemias and other hazards of pregnancy it is a justifiable expectation that the rate will decline still further and that a death in childbirth will ultimately become a rare event.

SECTION 'B'

General Provision of Health Services in the Area

(a) PUBLIC HEALTH SERVICES

1. Staff

Medical Officer of Health and Divisional Medical Officer:

D. J. CUSITER, M.B., Ch.B., D.T.M. & H., D.P.H.

Deputy Medical Officer of Health :

J. D. HALL, M.R.C.S., L.C.R.P., D.P.H.

Public Health Inspector :

W. WADSWORTH, D.P.A., M.A.P.H.I.

2. Laboratory Services

Bacteriological examinations are carried out at the Public Health Laboratories at Wakefield (Director: Dr. L. A. Little) and at Sheffield (Director: Dr. E. H. Gillespie).

3. National Assistance Act, 1948 - Section 47

This section of the Act is concerned with the compulsory removal of persons in need of care from their homes on a Court Order or in an emergency on an Order signed by two medical practitioners and a Justice of the Peace.

Such person may be removed to a County Home or hospital, provided that all the sections of the Act are satisfied. It was not necessary to take any action under this section in 1963.

LOCAL HEALTH AUTHORITY SERVICES

Care of Mothers and Young Children — Section 22

Ante-Natal Clinics:

Ante-Natal Clinics are held weekly as follows:—

C.W.C. Welfare Avenue, Conisbrough.	Thursday 2—4 p.m.	Dr. J. C. MacWilliam
C.W.C. Church Road, Denaby Main.	10 Wednesday a.m.—12 noon	- do -
C.W.C. Welfare Park Goldthorpe	Thursday 2—4 p.m.	- do -
C.W.C. Adwick Road, Mexborough.	Wednesday 2—4 p.m.	- do -
C.W.C. Barbers Avenue Rawmarsh.	10 Thursday a.m.—12 noon	Dr. Mary Scott
C.W.C. Rock House, Swinton.	10 Thursday a.m.—12 noon and 2—4 p.m.	Dr. H. H. Smith
C.W.C. off Houghton Road, Thurnscoe	10 Friday a.m.—12 noon	Dr. J. C. MacWilliam
C.W.C. Church Street, Wath-upon-Dearne.	10 Friday a.m.—12 noon	Dr. Dora Chapman

Attendances :

Clinics	No. of Patients who attend	No. of Attendances
Conisbrough	111	600
Denaby Main	122	544
Goldthorpe	89	419
Mexborough	129	700
Rawmarsh	195	1,164
Swinton	167	1,201
Thurnscoe	40	229
Wath-upon-Dearne	58	270
TOTAL	911	5,127

Dr. J. C. MacWilliam, who is medical officer in charge of the ante-natal clinics in the Conisbrough, Mexborough and Dearne areas, also holds a joint appointment as Senior Hospital Medical Officer at the Montagu Hospital, Mexborough.

There were 2,192 live and still births in the divisional area in 1963, thus the above figures indicate that 41% of all expectant mothers in the area attend the Local Authority's ante-natal clinics at some time during their pregnancy.

Ante-Natal Relaxation Classes:

Relaxation Classes are held at 8 centres which are listed below. The present clinic premises at Conisbrough are unsuitable for relaxation clinics, but it is anticipated that a new clinic with modern amenities will be ready for use in 1964.

Clinics					No. of Attendances
Denaby Main	.....	.....	.....	.....	251
Goldthorpe	.....	.....	.....	.....	453
Mexborough	.....	.....	.....	.....	264
Monkwood, Rawmarsh	.....	.....	.....	.....	120
Rawmarsh	.....	.....	.....	.....	330
Swinton	.....	.....	.....	.....	586
Thurnscoe	.....	.....	.....	.....	265
Wath-upon-Dearne	.....	.....	.....	.....	1,164
TOTAL					3,433

Family Planning Clinics :

The Mexborough Branch of the Family Planning Association have the use of Child Welfare Centre at Mexborough for their clinics. They also receive a grant-in-aid from the County Council, as it was agreed that they should take over the functions of the Birth Control Clinic which was formerly run by the County Council at Rock House, Swinton. Sessions are held each Tuesday evening from 6.15 p.m. to 7.30 p.m. with the exception of the month of August.

Infant Welfare Clinics :

C.W.C. Conisbrough	Monday 2—4 p.m.	Dr. M. Bajorek
C.W.C. Denaby Main	Tuesday 2—4 p.m.	Dr. M. Bajorek
C.W.C. Goldthorpe	Monday 2—4 p.m.	Dr. B. R. A. Demaine
C.W.C. Mexborough	Tuesday 2—4 p.m. Thursday 2—4 p.m.	Dr. B. R. A. Demaine Dr. W. R. Porter
C.W.C. Rawmarsh (Monkwood)	Thursday 2—4 p.m.	Dr. J. Galvin
C.W.C. Rawmarsh Barbers Avenue	Tuesday 2—4 p.m.	Dr. Jessica Core
C.W.C. Swinton	Monday 2—4 p.m.	Dr. I. Campbell
C.W.C. Thurnscoe	Monday 2—4 p.m.	Dr. J. Wilczynski
C.W.C. Wath-upon-Dearne	Monday 2—4 p.m.	Dr. Marion Lister
C.W.C. West Melton	Tuesday 2—4 p.m.	Dr. Marion Lister
C.W.C. Kilnhurst	Wednesday 2—4 p.m.	Dr. Jessica Core

Attendances:—

Centre	No. of Individual children who attended	Total No. of Attendance	
		Under 1 year	Over 1 year
Conisbrough	203	3,421	545
Denaby Main	299	1,606	378
Goldthorpe	624	2,911	641
Kilnhurst	127	874	376
Mexborough	516	4,147	1,360
Monkwood	153	533	290
Rawmarsh	443	1,398	737
Swinton	652	3,163	1,033
Thurnscoe	627	3,551	1,408
Wath-on-Dearne	344	1,901	589
West Melton	115	545	178
	4,103	24,050	7,535

The provision of new clinics is now nearing completion. Those at Thurnscoe, Goldthorpe, Wath-upon-Dearne and Monkwood are now in full use; new clinic premises at Conisbrough and Kilnhurst will be taken over in 1964 and at Mexborough in 1965. Rawmarsh and Denaby clinics are purpose built clinics completed before the

war and although showing some faults in design by modern standards are serving a useful purpose. The clinic premises at Rock House, Swinton are not in keeping with modern standards and there is some overcrowding; the child guidance clinic and a day class for maladjusted children are held in the same building.

Premature Babies :

A premature baby is one which weighs $5\frac{1}{2}$ lbs. or less at birth. This standard is an accepted convenient one since the medical care of small babies whether they be premature or immature is along the same lines. It must be noted, however, that not all babies of this weight bear the same hazard. Observations on the risk of prematurity are included elsewhere in the preface to this report.

There were 156 premature births (including 10 sets of twins and 1 set of triplets) in this division; 32 were still-born. 23% of the premature babies were born at home and 77% in hospital. Of those born at home 8 weighed under 4 lbs. 15 premature babies died in the first four weeks of life; 4 at home and 11 in hospital.

STATISTICS RELATING TO PREMATURE BABIES BORN IN 1963

District	Born Alive			Stillbirths			No. removed to Hosp. After Birth	No. who survived 28 days		
	At Home	In Hosp.	Total	At Home	In Hosp.	Total		Born at Home	Born in Hosp.	Total
Conisbrough	6	14	20	—	3	3	1	3	11	14
Dearne	7	18	25	2	8	10	—	6	17	23
Mexborough	3	14	17	—	3	3	—	3	14	17
Rawmarsh	8	25	33	1	6	7	1	6	21	27
Swinton	1	13	14	—	4	4	—	1	12	13
Wath-upon-Dearne	9	6	15	1	4	5	2	9	6	15
TOTALS	34	90	124	4	28	32	4	28	81	109

Care of the Unmarried Mother and her Child :

A total of 49 illegitimate births were notified during 1963, all of which were discovered by our own staff.

These cases were classified as follows :—

(a) Married :

(1) with previous illegitimate children	8
(2) without previous illegitimate children	7

(b) Single :

(1) with previous illegitimate children	4
(2) without previous illegitimate children	26

(c) Widowed or Divorced :

(1) with previous illegitimate children	1
(2) without previous illegitimate children	3

Their ages were as follows:—

(a) Age 15—19	18
(b) Age 20—24	12
(c) Age 25—29	6
(d) Age 30—39	12
(e) Age 40 and over	1

In one case the baby died; two were adopted; two were fostered; the grandparents kept the child in eight cases and thirty-three of the mothers kept their child. In the remaining three cases the parents were eventually married.

Under the County Council's scheme for the care of the unmarried mother and her child, financial responsibility may be accepted for the maintenance of unmarried mothers in welfare homes for thirteen weeks. The thirteen weeks is exclusive of the lying-in period.

MIDWIFERY — SECTION 23

The rising birth rate and the increasing demands by the public and doctors for hospital confinements have increased the pressure on the maternity services during the year. The provision of

midwifery beds continues to be unsatisfactory and although the hospital confinement rate has increased this has been achieved in the main by reducing the length of stay after delivery; early discharge from hospital — in some cases 48 hours after delivery shows signs of becoming the accepted pattern of post-natal care. It should be emphasised that by no means all medical officers of health or obstetricians agree that this policy is entirely desirable.

24 Midwives were employed in the divisional area at 31st December 1963 and all of these were authorised to use their private motor cars on official business. The County Council in common with other local authorities operate an assisted car purchase scheme for staff classified as 'essential users'.

Refresher courses were arranged for those members of the staff who were required to attend in accordance with Section G of the Rules of the Central Midwives Board. The County Council also provided courses of instruction for midwives at the Adult College at Grantley Hall. Additionally, meetings of midwives are arranged at regular intervals locally.

The issue of Trilene inhalers to all staff was completed during the year and arrangements were subsequently made to withdraw the 'Minnitt' Gas and Air machines previously used.

Of the 2,192 live and still births in the division during 1963 the district midwives delivered 1,106 babies. This means that 57% of all deliveries took place at home. The Cranbrook Committee in its report on the Maternity Services recommended that provision should be made for 70% of all mothers to be confined in hospital. The need for more maternity beds in the area must again be emphasised. General Practitioners were present at 183 of the home confinements and medical aid was requested on 197 occasions. Midwives also attended 36 mothers who were discharged from hospital after forty-eight hours, a further 163 discharged up to and including the fifth day and 295 discharged before the tenth day after delivery.

The following home visits were made by District Midwives during 1963 :—

	Ante-Natal visits	Post-Natal visits
Domiciliary cases 	8,506	16,619
Hospital cases 	629	2,032
	<hr/>	<hr/>
	9,135	18,651
	<hr/>	<hr/>

HEALTH VISITING — SECTION 24

The increasing attachment of the health visiting staff to the family doctors has presented me with problems, which although not insoluble suggest that the duties of a health visitor needs reconsideration. These problems are common to the whole of the West Riding and to all Local Health Authorities in which health visitor attachment is proceeding. At the present time the duties of the health visitor are apparently too wide; not only is she concerned with her routine visiting of families in the home, but also with the duties of a school nurse, involving her attendance at routine medical examinations and at immunisation and vaccination sessions; she attends infant welfare clinics and ante-natal clinics and is expected also to co-operate in the fullest sense with the medical practice to which she is attached. It is apparent to us all that such a multiplicity of roles cannot be adequately supported. I intend to comment further in the next year's Annual Report when health visitor attachment to family doctors will be more fully developed.

23 nurses were employed in the Health Visiting Service at the 31st December 1963, 16 of whom are fully qualified health visitors. The remaining 7 are all state registered nurses.

The training of health visitors in this division in the techniques of audiometry have continued and this has proved a most important and rewarding part of their duties.

Details are given later in this report of the activities of the health visitor in the ever expanding health education programmes.

The following is an analysis of the work undertaken by health visitors during 1963 :—

Visits :—

Expectant mothers	.....	.....	.....	.....	.....	.....	140
Children under 1 year	.....	.....	.....	7,160			
Children aged 1—2 years	.....	.....	.....	5,312			
Children aged 1—5 years	.....	.....	.....	8,264		20,736	
Tuberculosis	.....	.....	.....	.....	.....	.....	740
Other cases	.....	.....	.....	.....	.....	.....	17,465
School Health cases	.....	.....	.....	.....	.....	.....	1,032
School Health	.....	.....	.....	.....	.....	.....	1,965
Ineffective	.....	.....	.....	.....	.....	.....	2,506
TOTAL							42,619

Clinic and School Sessions :—

Maternity and Child Welfare	.....	.....	.....	.....	.....	2,218
Ultra Violet Light	.....	.....	.....	.....	.....	35
Specialist—Chest	.....	.....	.....	.....	.....	3
—Other	.....	.....	.....	.....	.....	492

HOME NURSING — SECTION 25

The staff of the Home Nursing Service in the division at 31st December, 1963 consisted of 22 full-time nurses and 1 employed part-time. With the exception of 1 state enrolled nurse who was employed on part-time duties, all the staff are state registered nurses who have also received district training approved by the Queen's Institute of District Nurses. The staff who are able to drive cars are either authorised to use their own vehicles on official business or have been provided with county owned motor vehicles.

One home nurse was trained during the year and I am happy to report that she passed her final examination of the Queen's Institute of District Nursing with distinction. Two S.R.N. assistants to the home nurse commenced their home nurse training. These two appointments were made to replace home nurses who had resigned for domestic reasons.

Instructions regarding treatment are sent directly by the family doctors to the home nurses; in effect the two are working as one team. This type of team work is desirable for all domiciliary nursing services and every effort is being made to establish a similar relationship between the family doctors and the district midwives and health visitors.

A full range of modern nursing equipment is available for issue by the home nurse to facilitate her work and to improve the comfort of the patient. During 1962 the County Council authorised the supply of disposable bed pads and pants for incontinent patients. The use of the latter has increased during 1963. The issue of these items means much less laundry for the patients' relatives and saves the time of the nurse: Arrangements were completed with the Regional Hospital Board for the provision of a laundry service at Wathwood Hospital for incontinent patients.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. I am grateful for the help which we receive from these voluntary organisations.

During the year a night and day sitting service was established. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse or a lay person to remain with the patient during the day or night. The cost is supported either by the County Council or the Marie Curie Fund. Three patients were supplied with this service during 1963. The time involved was 61½ hours and the cost was borne by the above fund.

The following are statistics relating to the work of the home nurses in 1963. It will be seen that they made 53,045 visits to 1,835 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 32,070 occasions. 518 patients had more than 24 visits each during the year.

Summary of Total Number of Cases dealt with during the Year

(i.e. Cases completed during year plus cases still under treatment on 31st December)

Classification	No. of cases attended by Home Nurses during the year	No. of visits paid by Home Nurses during the year
Medical	1,347	41,518
Surgical	342	9,661
Infectious Diseases	24	333
Tuberculosis	27	1,387
Maternal complications	95	146
TOTALS	1,835	53,045
Patients included above who were aged 65 or over at the time of the visit during the year	906	32,070
Children included above who were under 5 years of age at the time of the first visit during the year	89	698
Patients included above who have had more than 24 visits during the year	516	39,687

The total number of staff weeks worked during the year on home nursing 1,037

Of the total of 1,835 patients nursed during the year 1,348 cases were completed by the 31st December. The main categories of diseases for which these patients were treated included respiratory diseases (i.e. bronchitis, pneumonia but not tuberculosis) 195; anaemias 96; complications of pregnancy 97; skin diseases (i.e. boils, carbuncles etc.) 91; constipation 58; diseases of the heart and arteries 98. The treatment consisted of injections in 665 cases and general nursing in 366 cases. Antibiotics were administered by injection in 364 cases and drugs for anaemias accounted for 201 cases in which injections were given. 9,615 visits were made by home nurses for the sole purpose of giving injections.

Home Nurse Training Scheme

The County now trains its own home nurses. Nurses with S.R.N. qualification can only be accepted for temporary appointments. If they accept the approved course of training for the Queen's Institute of District Nurses and have had less than eighteen months experience of home nursing they are seconded to another division for a period of three or four months. In our own division, Mrs. Hucknall, Senior Nursing Sister, Rawmarsh, and Mrs. E. Brooks, Senior Nursing Sister, Thurnscoe, have been selected as Sisters in charge of training.

The nurse under instruction remains under the supervision of one or other of these senior sisters for the whole of the period. Lectures are held at Wakefield and three weeks are spent at the Johnson Memorial Home, Sheffield. Mrs. W. Taylor, Area Nursing Officer and Miss V. Dunford, Divisional Nursing Officer, supervise the overall training programme. We have already trained 4 nurses in the division under this scheme and all passed the examination conducted by an independent examiner of the Queen's Institute of District Nurses. Three of our own staff of home nurses have been similarly trained in other divisions and passed the examination at the end of the training period. The fully trained nurses attend refresher courses at regular intervals. Four attended such a course at Grantley Hall.

VACCINATION AND IMMUNISATION — SECTION 26

Smallpox Vaccination

Age at 31/12/63 i.e. born in year	Under 1 1963	1—4 1959/62	5—14 1949/58	15 or over before 1949	Total
No. Vaccinated					
Dearne	6	17	6	2	31
Conisbrough	1	7	1	2	11
Mexborough	4	10	5	8	27
Wath	2	6	—	1	9
Swinton	1	11	1	2	15
Rawmarsh	3	10	2	5	20
Total	17	61	15	20	113
No. Re-vaccinated					
Dearne	—	—	—	—	—
Conisbrough	—	—	—	—	—
Mexborough	—	—	1	8	9
Wath	—	—	—	—	—
Swinton	—	—	—	—	—
Rawmarsh	—	—	—	1	1
Total	—	—	1	9	10

The Joint Committee on Vaccination and Immunisation strongly advise routine vaccination against smallpox in the second year of life. The Bradford epidemic of 1962 resulted during 1963 in certain antagonists of routine smallpox vaccinations being afforded wider publicity for their minority views and this may have some effect on public opinion. The opponents of routine smallpox vaccination recommend that it should be carried out only for selected groups, e.g. doctors, nurses, etc., likely to be exposed to special risks and that the efficient imposition of a 'ring' around the case should contain the spread of infection. These opponents further state that smallpox vaccination carries a degree of risk and that the presence of a resistant child population has little influence on sporadic outbreaks such as occur in this country.

It has, however, been shown many times and a long ago as 1889 that a substantial reduction in the attack rate of smallpox can be expected among persons who have previously been vaccinated compared with those unvaccinated, and an even greater reduction in the rate among persons who have been previously vaccinated on more than one occasion. The Joint Committee has stated that there is no justification for any departure from routine vaccination in childhood and that indeed the vaccination rate should be increased and re-vaccination during school life encouraged. In this division infant vaccination is encouraged; the response of the public, however, in the absence of smallpox outbreaks is poor. Re-vaccination in later life is essential of those exposed to special risks.

The only certain way to avoid infection with smallpox is to be in a state of successful recent vaccination. The time for the majority of the population to be vaccinated is certainly not during an outbreak of the disease.

Diphtheria Immunisation

Urban District	No. of children primarily immunised in 1963			No. of children given booster doses during 1963
	Under 5 yrs.	5—14 years	Total	
Conisbrough	228	107	335	199
Dearne	288	100	388	452
Mexborough	163	24	187	122
Wath	179	70	249	389
Swinton	239	71	310	241
Rawmarsh	189	78	267	287
Total	1,286	450	1,736	1,690

In 1963 in England and Wales there were 33 notified cases of diphtheria as compared with 16 in 1962. There were 6 outbreaks in

schools with only two deaths, occurring in children who had not been immunised. Efforts must always be continued to obtain an immune state in all children. The immunisation rate in this division is at a satisfactory level, and no cases of diphtheria have been reported for some time. It is of the utmost importance to ensure the immunisation of all children in their first year of life and that this immunity be boosted at the age of five years and again at ten years. A great advance in immunisation techniques would be the production of a combined vaccination against whooping cough, diphtheria, tetanus, smallpox, poliomyelitis and measles and there is every hope that this will ultimately be produced.

Poliomyelitis Vaccination

	No. of persons completely Vaccinated during 1963		Total persons completely Vaccinated at 31/12/63	
	3 injections	4 injections	3 injections	4 injections
Children born in years 1948 — 1963	1,986	1,409	27,906	9,637
Young Persons	302	—	11,537	—
Total	2,288	1,409	39,443	9,637

Vaccination against poliomyelitis is now carried out by means of oral vaccine only and is given as three doses in the first year of life followed by a booster dose at the age of five years. The advent of the Sabin vaccine has produced what may well be an almost total acceptance with the general public. The efficacy of poliomyelitis immunisation is shown by the lowest ever record figure of 1.1 cases per million in 1963 in England and Wales and there have been no major outbreaks of poliomyelitis since vaccination began.

AMBULANCE SERVICE — SECTION 27

The Divisional Area is served by the County Ambulance Station at Dunford House, Wath-upon-Dearne. The Station Officer is Mr. F. Hyde, G.I.A.O., who has kindly supplied the statistics listed below. The staff of 25 includes 16 male driver-attendants, 2 female driver-attendants, 5 shift leaders and 2 Clerk/Telephonists.

No. of patients conveyed	.....	.....	.....	.....	35,475
No. of journeys	.....	.....	.....	.....	6,037
Total mileage 1-1-63 to 31-12-63	.....	.....	.....	.....	152,560

The seven vehicles stationed at Wath-upon-Dearne are all equipped with short wave radio communication sets. This includes an extra vehicle obtained during the year due to increased mileage and use. The Station Superintendent and his staff have all received instruction in emergency resuscitation, emergency midwifery and emergency treatment of the unconscious casualty. The Station Superintendent received this instruction at a course at Leeds Infirmary and the remainder of the station staff received instruction from myself. Films have also been shown on mouth to mouth breathing and emergency childbirth by the Divisional Nursing Officer. The ambulance depot has been modernised and has its own inspection pit and maintenance department. Major repairs are referred to County Ambulance Headquarters, Birkenshaw, Bradford.

The Ambulance Depot telephone number is Wath-upon-Dearne 2234/5 night and day, and any person can order an ambulance for any accident or emergency childbirth where it is apparent that emergency hospital treatment is required. All members of the service holds a valid certificate of the St. John Ambulance Association.

PREVENTION OF ILLNESS — CARE AND AFTER CARE SECTION 28

Nursing Equipment in the Home :

1,175 issues of various forms of nursing equipment were made in 1963. These items ranged from feeding cups and walking sticks to hospital beds and hydraulic hoists.

Each home nurse keeps a stock of smaller items of equipment and the larger items are stored with a reserve supply of minor items at Wath-upon-Deane and Mexborough. A monthly return of available equipment is sent to Central Office at Wakefield so that transfers can be readily effected between divisional areas as the occasion demands.

Every use is made of disposable items of equipment such as bed pads and pants for incontinent patients and plastic syringes and disposable needles.

Enuresis alarms are made available for use with children who are habitual bed-wetters on medical recommendation. 24 alarms were available at the end of December 1963 and they had been issued 48 times in all.

Hospital After-care :

2 health visitors in the division visit the Montagu Hospital Mexborough, Fullerton Hospital, Denaby Main, Wathwood Hospital, Wath-upon-Deane, Doncaster Gate and Moorgate Hospital, Rotherham each week for the purpose of liaison duties. The hospitals at Mexborough and Denaby Main provide for all categories of patients, whilst Wathwood Hospital is primarily for chest cases.

The Health Visitor Mrs. M. Jenkinson reports as follows:—

I have to report once again a very happy year visiting the hospital. In March 1963 I began visiting Doncaster Gate and Moorgate Hospitals in addition to Wathwood. I was able to make only three visits to Badsley Moor Lane Hospital.

The wards of Doncaster Gate and Moorgate Hospitals were visited regularly on Wednesdays. Moorgate was visited again on the last Tuesday of each month; the purpose of this visit was primarily to discuss with Dr. Cantor patients on the pre-admission list.

Wathwood Hospital was visited weekly on Thursdays; the daily ward returns were seen and all new patients interviewed.

Doncaster Gate Hospital :

Number of visits to hospital	36
Number of interviews	75
Number of home visits	67
Number of cases for supervision by health visitor on discharge	53
Number of cases where home helps were arranged for patient's discharge	7
Number of cases for special environmental investigations	37

Moorgate Hospital :

38 visits were made, 5 for consultation with Dr. Cantor. The pre-admission list for geriatrics was totally cleared by September 1963; it had not built up seriously by the end of the year. On each of my visits I saw the secretary, Miss Usher, and received from her the names of those geriatric patients whose names appear on the pre-admission list; at the same time I passed on to her any information which I felt could not wait until I saw Dr. Cantor again.

Wathwood Hospital :

Number of visits to hospital	48
Number of interviews	202
Number of home visits	5
Number of cases for supervision by health visitor on discharge	30
Number of investigations of home conditions	194
Number of home nurses arranged for patients on discharge	1
Number of home helps arranged for patients on discharge	4
Number of cases for which convalescent home treatment arranged	Nil
Number of cases for special environmental investigation	7

In May 1963 8 beds were taken over by Mr. Maw for Eye cases. It is noted that these patients have usually been on the waiting list for some time and are fully prepared for their admission to hospital. In August 1963 Block 'B' consisting of 10 beds was opened under Mr. Price, Barnsley Orthopaedice Surgeon. These beds are usually filled by transfers from the Barnsley Beckett Hospital. Wathwood Hospital also had 22 geriatric beds under Dr. Cantor. The majority of these cases having been transferred from Moorgate Hospital or Badsley Moor Lane Hospital.

Tuberculosis After-care

59 Patients were receiving extra nourishment grants — 2 free pints of milk daily, at the end of 1963. 19 grants were made during the year and 21 discontinued. All applications are initiated by the health visitor, are checked and counter-signed by the Consultant Chest Physician and are reviewed every two months.

In addition to the liason established at the Wathwood Hospital where 202 patients were interviewed during the year, a health visitor has been specially delegated to attend the Chest Clinic at Mexborough each week to discuss with the Consultant Chest Physician, Dr. J. D. Stevens, any special problems relating to the care of patients and follow-up of contacts. The division is also served by the Chest Clinic at Rotherham where Dr. A. C. Morrison is Consultant Chest Physician.

Health visitors continue to render background reports and lists of contacts in respect of all notified cases. An average of 6 contacts for every notified case are checked.

B.C.G. vaccination of school children has also continued and 818 were vaccinated during 1963 following negative Heaf test.

Applications for the provision of personal clothing for patients are submitted to the Care Committees at either Doncaster or Rotherham, and these are usually favourably received.

All the district councils in the division allow priority of housing on the recommendation of the Medical Officer of Health for active cases of pulmonary tuberculosis where the Medical Officer of Health considers that their present housing accommodation is inadequate or where there is overcrowding, or where the house is situated in areas of gross atmospheric pollution.

The South Yorkshire Mass Radiography Unit visited 2 locations in the divisional area during 1963 and in all 874 people were x-rayed. 8 cases of pulmonary tuberculosis were discovered; none were active. Other non-tuberculosis abnormalities discovered were as follows :—

Bronchiectasis	.....	1
Pulmonary fibrosis — non-tuberculosis	.....	2
Pneumoconiosis — not previously certified	.....	18
Pneumoconiosis — previously certified	.....	1
Carcinoma of the lung and mediastinum	.....	2
Abnormalities of the diaphragm and oesophagus;		
congenital and acquired	.....	1
Acquired abnormalities of heart and vessels	.....	4
Sarcoidosis and collagenous disease	.....	1

Further observations on progress in prevention of tuberculosis are contained in the preface to this report. Some measure of the progress made in containing this disease may be gained from a comparison of 421 deaths under the age of twenty-five in 1953 in England and Wales with 15 deaths in 1963.

Chiropody

2,709 patients were receiving chiropody treatment through the nine voluntary agencies operating a service throughout the divisional area. Some 25% of the cases were unable through infirmity, old age or physical handicap, to attend the centres for treatment.

It is estimated that there are 10,300 residents aged 65 and over in the area; our figures therefore indicate that 25% of all

pensioners are receiving the service. On the introduction of the scheme in 1960, estimates were based on a 15% rate. All cases referred for treatment are subject to the approval of the Medical Officer of Health before treatment can commence. Although the chiropodists' fees are paid by the voluntary associations, the amount is re-imbursed by the County Council on submission of certified claims.

The following is a summary of treatments carried out in 1963:

Voluntary Association	Total Sessions	No. of Patients treated			No. of attendances
		Domi-ciliary	Non-Domi-ciliary	Total	
Bolton-on-Dearne O.A.P. Association	173	117	324	441	2,112
Goldthorpe O.A.P. Association					
Thurnscoe O.A.P. Association					
Thurnscoe W.V.S.					
Conisbrough & Denaby Main O.A.P. Welfare Committee	123	79	261	340	1,456
Mexborough Old Folks' Welfare Committee	193	107	400	507	2,201
Swinton Aged People's Welfare Committee	134	132	281	413	1,720
Rawmarsh Aged People's Welfare Committee	189	185	402	587	2,317
Wath-on-Dearne Aged People's Welfare Com'tee	151	142	279	421	1,675
Total	963	762	1,947	2,709	11,481

I would like to express my thanks to the officials of the voluntary associations and the chiropodists for their services.

Health Education

My general observations on health education are contained in the preface to this report. The health education programme in this division includes the teaching of mothercraft and general hygiene at almost all the secondary modern schools; talks to parents of leavers and entrants at the schools; talks on home safety in many of the junior schools; and to the aged. Further health education programmes were carried out at the Wath-upon-Dearne Mothers' Club which opened in June 1963, and at young wives groups. Relaxation cases are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work at all infant welfare clinics.

Home Safety

Rawmarsh, Conisbrough, and Wath-upon-Dearne urban district councils held full scale home safety programmes during which health visitors visited all schools in the areas and also talked to mothers' meetings and aged people.

The Divisional Medical Officer or Divisional Nursing Officer attend home safety meetings in the area.

To support our health education activities the following equipment is at our disposal:—

- two 35 m.m. film still projectors,
- one 16 m.m. sound projector,
- three screens,
- various posters and leaflets.

Help has been given to the division by the Deputy County Nursing Officer, Miss G. Edwards, whose particular concern is with health education.

DOMESTIC HELP SERVICE — SECTION 29

Establishment of Domestic Helps 90.5

Number of Domestic Helps employed at
31-12-63 187 part-time
(equivalent of 92.9 full-time)

Groups receiving assistance :—

	No. of Cases	Hours
1. Maternity (including expectant mothers)	107	8,393
2. Chronic sick		
(a) aged 65 plus	1,162	176,156
(b) aged under 65 and tuberculosis	109	12,456
3. Others	47	5,832
	<hr/>	<hr/>
Totals	1,425	202,837
	<hr/>	<hr/>

The provision of domestic help is based on a medical certificate from the family doctor and may be provided for the ill, aged, mentally defective, or to care for young children in the absence of the mother in hospital. The service is also provided when required for expectant mothers before, during, and after confinement.

The home help service is not a free service, each applicant is required to complete a form giving details of their financial circumstances and the charge is assessed after consideration of these details. Persons in receipt of a Supplementary Pension from the National Assistance Board are not charged.

In exceptional circumstances, and where this is authorised by the Divisional Medical Officer and the County Medical Officer, a 24-hour service can be provided.

MENTAL HEALTH SERVICE

1. Subnormal or Severely Subnormal

Number under care and guidance	.....	.....	.....	112
Number of new ascertainties	.....	.....	.....	21
Number attending training centre	.....	.....	.....	100

2. Mentally Ill

Number discharged from psychiatric hospital	.....	173
Number requiring after-care	.....	433
Number of visits involved for after-care, and patients referred from out-patient clinics	.....	2187
Number of cases referred to out-patient psychiatric clinics	.....	146
Number referred to rehabilitation centres	.....	16

The Formation of Psychiatric Club

The Psychiatric Social Club — named the 'Rock Club', commenced in June 1961. At the present time 38 members attend regularly. When joining with other groups we have catered for as many as 120. Ages range from 17 years to 62 years, and as we wished to start with a nucleus of active members we tended to avoid disturbed patients.

Discharged patients, after a period in a mental hospital, are often sensitive, and introduction into groups with any degree of success has proved difficult. Since mental illness is frequently the result of conflict within the person leading to a disturbance of relationships with others, in a group such as a social club opportunities are offered to resolve these conflicts. In the club he is free to make friends with others according to his needs and thus increase his ability to make human contacts.

Selection of members resulted in an equal distribution of males and females, but after a few months of fortnightly meetings the men ceased to attend. It was anticipated that members would make suggestions in open committee. The programme was arranged in the form of a monthly letter; this letter proved sufficiently inviting to

encourage attendance without domiciliary follow-up. To many this is the only letter they receive so that apart from the personal link with the club the letter is also an additional contact with the world of real people. The father of a 30 year old schizophrenic commented one evening after a few absences from the club, 'Whatever happens don't stop sending her the club letter, she still regards herself as a member and looks forward to it'.

Although entertainment is organised — film shows, concerts, beetle drives, cookery demonstrations, etc. — we do try to avoid a regimentation of activities. Accordingly, each club evening is divided into two parts, with tea and refreshments served during the interval. The first half of the evening is usually confined to handicraft activities, e.g. the making of costume jewellery, moccasins, etc. The second half of the evening is social, e.g. whist drives, dancing, and 'sing songs'. Towards the end of the year the time allocated to handicrafts is usually taken up with making table decorations etc. for Christmas, the profits of which covered the cost of the outing to the pantomime.

During the summer months outings to garden fetes, bus tours, and visits to stately homes have all proved popular.

No distinction is made between staff and patients or friends, thus overcoming any embarrassment or sensitivity. The members of the Wombwell Townswomen's Guild, who have assisted since the club's formation have given invaluable help. This help is greatly appreciated since it has proved that in a club of this kind an adequate staff to patient ratio is essential.

During 1963 the club moved from the Clinic at Rock House, Swinton, to larger central premises at the new clinic in Church Street, Wath upon Dearne — a large airy building with very pleasant surroundings much appreciated by the members.

After two and a half years the club continues to flourish and yet it is difficult to evaluate what it has accomplished:

- (i) It has proved that with some of the patients that the periods of re-admission to hospital have not been so frequent.

- (ii) Also that some patients use the club as a 'jumping-off' point for other social groups of less protected nature, e.g. evening classes and operatic societies etc.
- (iii) Selection appears to be necessary to avoid a 'silting up' of the club by a chronic residue.
- (iv) The club meetings are held alternate Thursday evenings, 7 p.m. to 10 p.m., and it is often very difficult to get some of the patients to leave even at 10 p.m., they appear to hang on to every bit of companionship possible.
- (v) One sees patients improving in their relationships, becoming more cheerful, friendly, and co-operative. The assumption is that group activities, outings, etc., have played a great part in achieving this improvement.

Training Centre

This is a comprehensive training centre for the mentally subnormal. There are 103 on the roll at the present time and attendances are in the region of 85 - 90%.

The heating difficulties experienced in 1962 have now been overcome. In June 1963, extensions to include a dining hall, kitchen, and a care unit, were commenced so that the centre will be self contained.

Four trainees proceeded on annual holiday to Whitby accompanied by a member of the staff. Eighty-two trainees and staff enjoyed the annual outing to Hornsea; younger trainees spent the day in Clifton Park, Rotherham.

At Christmas the trainees enjoyed the usual party.

There is a flourishing Parent Staff Association, and adult trainees accompany their parents to the social functions held at the centre.

(i) **Industrial work** — The following is a list of work completed at the centre during the past 12 months :—

Industrial Job No.	2	Bean Bags	.....	74½ dozen
„	7	Curtains	.....	85½ yards
„	18	Kraft paper bags	.....	3798
„	1	Sacks of wood	.....	145
„	12	Washleathers	.....	30
„	3	Sketching boards	.....	1500
„	4	Clay modelling boards	.....	1050
„	5	Blackboards	.....	300
„	17	Dolls Cots	.....	10
„	23	Blackboard cleaners	.....	550
„	35	Work holder cases	.....	100
Specimen Playhouse screen 1 only				
Laudry for centre and Dunford House				
Maintenance of grounds				

Out-patient Clinics

Monday	)	Barnsley Beckett Hospital.
Wednesday	)	Consultant — Dr. M. Jeffrey. Mrs. F. H. Redman attends.
Thursday	)	Mexborough Montagu Hospital.
Friday	)	Consultant — Dr. N. I. Gittleson. Mrs. F. H. Redman attends Thursday Mr. R. N. Halliday attends Friday
Friday		Doncaster Royal Infirmary. By kind arrangement with Dr. M. Jeffrey trainee mental welfare officer attends for training purposes.

Mentally subnormal patients not attending Training Centre

Males	—	25	working full-time,	1	part-time
Females	—	18	„ „	1	„
Males occupied at home	—	19			
Females occupied at home	—	34			

Progress of the Mental Health Service

Mental health still has many unsatisfied claims. The expansion of the health service, the new legislation and hospital plan have intensified progress and interest.

The pattern of community care now seems to be well co-ordinated with the hospital service in this area and with the assistance of the consultant psychiatrists at the out-patient clinics, depressive illness appears to be managed by admitting patients less and less to hospital, and by treating more people as day patients, night patients, and out-patients. Schizophrenics too, do not stay for long continuous periods in hospital.

A great deal of time and effort has been absorbed in continuity of care associated with follow-up services — supervision of medication, rehabilitation and effective training for employment. It would appear that some of these services at least are far from being sufficiently well developed to sustain the weight which the new policies impose upon them. The local provisions for the senile confused patient still leave much to be desired; there are too many such cases being admitted to the geriatric blocks of mental hospitals whereas they should be admitted either to general hospitals or to other institutional care.

SCHOOL HEALTH SERVICE

It will be recalled that for more than fifty years the medical examination of school children has been a routine procedure carried out on three occasions during the school life of the child. In recent years this procedure has been criticised on the grounds that it is time consuming, wasteful of the doctor's time, and reveals no more defects than a less comprehensive method. On the other hand, a 1962 report of the Joint Committees of the Royal Colleges, the British Medical Association, and Medical Officers of Health stated 'the School Health Service performs a special and valuable function which must, in our view, be continued'.

In 1948 it was considered that the provision of a National Health Service, free at the time to all, would render the School Health Service unnecessary. In 1962 however, in Liverpool with 16,630 school entrants, 1,644 had defects which were not being treated, including 340 with defective vision, 158 with squint, 57 with defective hearing, and 44 with discharging ears. In general 14% of children on first starting school are found with defects that require treatment, of whom one in five to one in two are not in fact being treated, in spite of the ready availability of family doctor and specialist services.

It has been suggested that these defects could as easily be found by a system of selective examination rather than of routine periodic examination and experiments in this direction are being conducted in several areas of the country, including parts of the West Riding. It should be stated however, that there are experienced medical officers who still consider the selective method to have disadvantages; it must also be said that in my opinion, the selective method will in time be the generally accepted system.

Selective medical examination consists briefly in the sending of a questionnaire to all parents requesting information and asking specific questions about the child's health; the answers, as far as possible, are 'yes' and 'no'. The completed questionnaires are then reviewed by the medical officer and a decision made as to whether the child requires a full medical examination. This method requires more frequent attendances at school by school medical officers and full liaison between them and the school. It also presupposes a readiness on the part of school staffs to observe and report defects of the children in their charge. In conjunction with this selective scheme a yearly eye examination and an audiometric examination of all children will be carried out as before.

There are few truly valid arguments against this method of examination although it may be said that no sampling, however statistically significant, can ever be as valid as an examination of the whole batch. It might also be suggested that this method might artificially select the children for examination, in that some of the less

co-operative parents will not return the forms. In the experimental areas however, these objections have not proved justified. It must be emphasised however, that the procedure is still in an experimental stage and no final judgement can yet be made.

The problems of the educationally and mentally subnormal child continue to demand the most serious efforts of both teachers and medical officers. The definition of such pupils in the Handicapped Pupils and School Health Service Regulations 1959 includes 'all pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for education normally given in ordinary schools'. The methods of special educational treatment which should be developed at the special schools are outlined in Circular 11/61 (Ministry of Education) and include diagnostic units, special classes in ordinary schools, and group or area classes etc. It is felt that not more than 1% of all the educationally subnormal children should require education in special schools, and thus the provision of other facilities are of the utmost importance. It is the experience of both education and school health service staffs that the education of that group of children whose Terman-Merrill I.Q. falls between seventy-five and one hundred, and who are backward or retarded in their school work can be a most difficult problem in areas where a shortage of teachers and school buildings exist. Many children who are retarded by virtue of illness or unsatisfactory home conditions would be greatly benefitted if they could be taught in ordinary schools in special small classes, as would be the child who is backward by virtue of inherently diminished intellectual ability.

Medical officers who carry out the assessments are becoming increasingly aware of the necessity and difficulty in differentiating between those children who are merely mentally subnormal and those children who show the early signs of a psychotic illness. The distinction is of importance since the handling and care of the latter group is technically more difficult and provision for arranging the most suitable form of education is more complicated. Children exhibiting the schizophrenic syndrome of childhood, autism in recent terminology, reveal to the examining medical officer certain significant be-

haviour patterns; their emotional relationships with people are disturbed, they reveal an apparant unawareness of their own identity rather in the fashion of a baby, they tend to show an abnormal pre-occupation with certain objects without regard to their function, they resist change in their environment, they show perceptual abnormalities, for example they may give no response to the spoken word and no apparent reaction to sound, thus simulating deafness, they tend to be excessively anxious, their speech may be grossly retarded, they may head bang, rock, spin and posture in a bizarre manner. Such children may be admitted to school without a diagnosis having been made and are then referred to the medical officer as educationally subnormal and 'odd'.

It is essential with all these children to eliminate hearing defects and to distinguish between the autistic child and the mentally subnormal child. In uncomplicated cases the differences are plain, the behaviour of the purely mentally subnormal child in relation to other people is in proportion to his mental age and distinct from the social behaviour of the psychotic child. The autistic child may thus be said to have a deficiency in affect rather than cognition. It is possible in autistic children to observe an almost normal mental function and even intellectual brilliance, where neither can be observed in the mentally subnormal child. The defects in affect of a psychotic child make their testing by the routine intelligence tests an extremely difficult process and most of these children require reference to a child guidance clinic before an accurate assessment of their mental ability can be made. Every endeavour must be made to make such an assessment since it is possible to educate some of these children in normal schools and many do badly if sent in error to schools for the maladjusted.

The consultant paediatrician, Dr. C. C. Harvey, is available for consultation and sees cases referred by both the school health service and the family doctors, and I am most grateful for his services during the year. Dr. J. D. Orme is consultant in charge of the child guidance clinic and his help has proved invaluable. The division is also fortunate in having the services of Miss M. A. C. Jones, consultant ophthalmologist, and Dr. S. K. Bannerjee, to whom all visual defects are referred. Drs. B. R. A. Demaine, M. Menzies, S. K. Pande,

and J. D. Hall have been responsible for the ascertainment of pupils requiring special educational treatment and for performing all the duties of a school medical officer. Doctors P. L. Baker and B. R. Baker were also engaged on part-time work in the school health service.

Table I

Inspection of School Children 1963

Entrants	.....	2,087
First year secondary	.....	1,073
Last year secondary	.....	2,366
		———
	Total	5,526
		———
No. of special inspections	.....	2,926
No. of re-inspections	.....	27
		———
	Total	2,953
		———
	Total inspections	8,479

Physical condition of pupils inspected :

Satisfactory	.....	99.07%
Found to require treatment	.....	9.85%

The percentage requiring treatment is lower than the national average and the percentage of pupils found to be satisfactory on examination remains at its high level and is indicative of the very satisfactory state of the health in general of school children in this country.

Table II

Cleanliness and Head infestation :

Total no. examinations made for this purpose	18,289
Total no. found infested	712
Total percentage found infested	3.89%
England and Wales 1.5%; West Riding 2%)	

Although the level is higher than the average for the whole of the West Riding it should be remembered that this latter percentage will include figures for areas of low density housing and low density population. The present level is satisfactory but efforts must continue to eradicate the louse completely. This is a matter of personal hygiene and it is emphasised that unwashed long hair affords a favourable nesting place for the adult female louse.

Table III

Care of Handicapped Children :

Milton Day School—E.S.N.	.....	100
Residential School —E.S.N.	.....	2
„ „ —Deaf or partially deaf	.....	13
„ „ —Deaf E.S.N.	.....	1
„ „ —Partially sighted	.....	1
„ „ —Blind	.....	8
„ „ —Delicate	.....	6
„ „ —Cerebral palsy	.....	8
„ „ —Physically handicapped excluding cerebral palsy	.....	6
„ „ —Epileptic	.....	—
„ „ —Maladjusted	.....	2
Total		147

The ascertainment of the handicapped child is a duty imposed by Section 34 of the Education Act 1944 and the Handicapped Pupils and School Health Regulations. It is important that all physically handicapped children should be detected at an early age as possible. This involves a recommendation of the school medical officer for a special school, whether day or residential, or special educational treatment in the ordinary school. Certain handicaps render it obligatory that a child should go to a special school but the greater majority of physically handicapped children can manage very satisfactorily in ordinary schools if their condition is known to their teachers and if any special arrangements can be made for them.

Table IV**Tuberculin jelly testing school entrants :**

No. tested	.....	82
No. positive	.....	2
No. negative	.....	80

Table V**B.C.G. Vaccination 13 years and older school children :**

No. of children offered testing and vaccination if necessary	.....	1,837
No. of acceptances	.....	1,285
percentage of acceptances	69.95%

Pre-vaccination tuberculin test :

No. tested	1,209
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Result of test:

No. positive	340
No. negative	820
No. not ascertained	49
Per cent positive	28.12%
No. vaccinated	.....	818

The positive reactor rate at the age of 13 is at the expected level and indicates the lessening risk of infection in this country in the early years of life. During the years between 1953 and 1963 in the age group 5 - 14 the number of cases of respiratory tuberculosis has shown a 71% decline and in the age group 15 - 24 a 74% decline.

Vaccination and immunisation

Since the introduction of vaccination by mouth against poliomyelitis the acceptance rate has continued to increase and is now as near to 100% as we could reasonably expect. There have been no notified cases of poliomyelitis in this division during 1963.

Full statistical details are given in the remainder of the annual report.

HOSPITAL SERVICES

The hospital services for the area are administered by the Rotherham and Mexborough Hospital Management Committee and the Barnsley Hospital Management Committee on behalf of the Sheffield Regional Hospital Board.

General hospital services are provided mainly by the Montagu Hospital, Mexborough; Moorgate General Hospital, Rotherham; and the Beckett Hospital, Barnsley.

Infectious diseases hospitals include Kendray Isolation Hospital Barnsley; Tickhill Road Hospital, Doncaster; and Lodge Moore Hospital, Sheffield.

Maternity units are available at the Montagu Hospital, Mexborough; Moorgate General Hospital, Rotherham; St. Helen Hospital, Barnsley, and Listerdale Maternity Home, Wickersley.

Chest Clinics

The area is served by two chest clinics, one being at 'Whateley House', Cemetery Road, Mexborough, (Consultant Chest Physician, Dr. J. D. Stevens) and the second is at 'Chatham House', Chatham Street, Rotherham, where Dr. A. C. Morrison is Consultant Chest Physician.

Problem Families

Meetings are held of a committee formed for the correlation of information relating to children neglected or ill-treated in their own home. The Medical Officer of Health is the designated officer and the following departments and organisations are represented on the committee :—

The Public Health Department by medical officers, health visitors, mental health social workers and public health inspectors. The Education Department by the divisional education officer and school welfare officers. The district council's housing department, N. S.P.C.C., welfare division, and National Assistance Board are also represented.

The information available from all these sources is correlated at the meeting and decisions taken by the committee as to the best method of assisting these families and improving their circumstances.

The County Council operates a scheme of rent guarantee to safeguard the interests of district councils in selected cases where there is a danger of the families being evicted, broken up and the children being taken into care.

**Sections 'C', 'D' and 'E' have been compiled by Mr. W. Wadsworth
Chief Public Health Inspector**

SECTION 'C'

Sanitary Accommodation

There are still eight houses using privy middens in the district. Two of these houses are now actually the subject of Demolition Orders and strangely enough the occupants of these houses are very unwilling to move.

It is true that the remaining privy middens are in the more rural parts of the district and conversion will be difficult but modern methods will have to be used eventually to replace these insanitary and outdated conveniences.

No. of houses provided with water closets	.....	6262
No. of privies converted to W.C's. during year		0
No. of houses with privy middens	.....	8

Water Supply

The water supply for the district still continues to be obtained via Rotherham Corporation. The water has its origin in the North Derbyshire area and is a soft pleasant water with none of the difficulties in lathering that can be so tedious with hard water.

A good check has been kept on the purity and safety of the water supply and 7 samples have been taken for chemical analysis and 46 samples for bacteriological examination. All the samples had a satisfactory report from the Laboratory and the water proved repeatedly to be of good organic purity and free from any bacteriological contamination.

Public Swimming Baths

The Public Baths on Haugh Road have a modern filtration and chlorination plant and 9 samples have been taken to check the safety of the water. The results of the sampling showed that the baths water was free from any harmful organisms and was adequately chlorinated.

A paddling pool in Rosehill Park is subject to routine chlorination by hand but the dangers from the pool are physical rather than bacterial due to a varied assortment of objects from bottles to buckets that are thrown into the pool.

Complaints

The number of complaints received was again low despite the severity of the winter. 376 complaints were made at the Public Health Office. The majority of the complaints were again concerned with housing defects but the continuance of the Slum Clearance Programme certainly results in a reduction in the number of complaints made to the Department.

SECTION 'C'

GENERAL ENVIRONMENTAL CIRCUMSTANCES OF THE DISTRICT

Clean Air Act, 1956

It is good to note that 1963 again brought further improvement in the pollution figures at Granby House, Parkgate. Adaptions and alterations to the blast furnaces have obviously brought some measure of success and resulted in reduced emmissions of dust and grit. The iron and steel Company who own the blast furnaces have been willing to co-operate with the Local Authority and this liason over the years has brought about tremendous improvement. Indeed, the deposit figures at Granby House are the lowest recorded since the gauge was fixed in 1952.

Other deposit gauge figures for the district show slight upward trends but the figure which gives cause for concern is that at Taylor Lane. The trouble at Taylor Lane is definitely from South Yorkshire Chemical Works which are in the area of Rotherham County Borough. Supervision of these works is the responsibility of the Alkali Inspector and his aid is being sought in reducing the grit and dust which blows into the Urban District from this source.

Average monthly figures for 1963.

	Nursery School	Granby House	Rosehill Park	Broad Street	Taylor Lane
Tons per square mile	26.61	55.76	13.92	34.80	53.71
Lead Peroxide Apparatus (SO ₃ per 100 sq. cms.)	3.32	2.92	2.98	3.33	3.14

Due to the pollution from industrial sources the Council have not yet promoted any Clean Air Zones. However, the Council have agreed that 172 houses to be built on the Sandhill Estate will have electrical underfloor heating and therefore the district will virtually have its first smokeless zone.

Offensive Trades

One offensive trade namely that of tripe boiler continues to be carried on in the district. Despite the fact that the premises are surrounded by dwellinghouses there has not been one complaint concerning the offensive trade and this denotes the satisfactory carrying on of what could be a most unpleasant trade.

Moveable Dwellings

There are no licenced caravan sites in the Urban District. Trouble occasionally arises from unauthorised gypsy type caravan dwellers settling on a vacant piece of land but a visit from the Public Health Inspector is usually sufficient to secure removal of the caravans

Public Conveniences

The cleansing of the public conveniences has continued daily and so has the vandalism. In an effort to reduce the damage, notices offering £5 reward for information leading to the prosecution of any person causing damage were posted in the conveniences. Whether the hooligans causing the damage have a sense of brotherly loyalty or whether they can't read I don't know but certainly no information has been forthcoming.

Despite the daily damages the daily cleansing of the conveniences will be continued.

Factories

1. Inspection under the Factories Act, 1937, for purposes of provisions as to Health.

	No. on Register	No. of Inspections	Written Notices
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	0	0	0
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	43	57	5
(3) Other Premises in which Section 7 is enforced by the Local Authority	0	0	0
	<hr/> 43	<hr/> 57	<hr/> 5

2. Cases in which defects were found.

	No. of Cases	Referred by H.M. Inspector
Want of Cleanliness (S.1.)	0	0
Overcrowding (S.2.)	0	0
Unreasonable Temperature (S.3.)	0	0
Inadequate Ventilation (S.4.)	0	0
Ineffective drainage of floors (S.6.)	0	0
Sanitary Conveniences (S.7.)	0	0
(a) Insufficient	0	0
(b) Unsuitable or defective	5	5
(c) Not separate for sexes	0	0
Other offences against the Act (not including offenses relating to Outwork)	0	0
	<hr/> 5	<hr/> 5

SECTION 'D'

HOUSING

No. of dwellinghouses in the district	.....	.....	.....	6,270
No. of houses included in above				
(a) Back to back	....	.....	.....	0
(b) Single back	.....	.....	.....	0
Houses in Clearance Areas and Unfit Houses Elsewhere				
No. of houses included in Representations made during the year:				
(a) in Clearance Areas	.....	.....	.....	85
(b) individual unfit houses	.....	.....	.....	27

A. Houses Demolished

	No. of Houses	Displaced during year Persons:	Families
In Clearance Areas			
1. Houses unfit for human habitation	8	49	14
Not in Clearance Areas			
2. As a result of formal or informal procedure under Sections 16 or 17 (1) Housing Act, 1957	11	93	32
B Unfit Houses Closed	14	41	14

C Unfit Houses Made Fit and Houses in Which Defects were Remedied

	By Owner	By Local Authority
11. After informal action by Local Authority	338	0
12. After formal notice under		
(a) Public Health Acts	9	8
(b) Sections 9 and 16 Housing Act 1957	0	0
13 Under Section 24 Housing Act, 1957	0	0

D Unfit Houses in Temporary Use			
(Housing Act, 1957)	.....	.....	NIL
E Purchase of Housing by Agreement			
No. of families rehoused during the year into Council Owned Dwellings			
(a) Clearance Areas, etc.	.....	.....	60
(b) Overcrowding	.....	.....	17

RENT ACT, 1957

(a) No. of Certificates of disrepair granted	.....	.....	0
(b) No. of undertakings to execute repairs given by owners to the Local Authority	.....	.....	0
(c) No. of certificates of disrepair cancelled	.....	.....	0

Housing: Slum Clearance

The year 1963 again saw good progress made into the clearance of unfit houses. It is evident that the worst of the unfit properties in the district have been cleared and we can now look at much larger areas of substandard property with a view to securing an area for redevelopment of some kind.

Four Clearance Areas embodying 85 houses were made during the year and 27 houses were represented as individual unfit houses. Sixty families were actually rehoused from unfit houses and it was good to see families at last being moved from Lloyd Street and Cross Street away from the menacing shadows of the blast furnaces and open hearth furnaces, Houses must never again be allowed so close to so heavy an industry.

The shortage of building land in the Urban District will become even more acute and with this in mind the Council are tending to increase the use of Compulsory Purchase Orders so that new housing development can be made on some of the cleared sites.

Overcrowding

All Council house building has continued to be for Slum Clearance and the Housing Manager has had to rely on the number of 're-lets' to abate known cases of overcrowding. Fortunately there is little overcrowding in the district or the policy of building only for slum clearance might have to be altered.

One deliberate case of overcrowding was discovered when a family of four moved into a three bedroomed house in Craven Street that was already occupied by a family of eight. After a threat of legal action against the offenders the overcrowding was abated.

Improvement Grants

There were applications for improvement grants made in respect of 50 properties in 1963. This is a welcome increase on the number of applications made in previous years and there is no doubt that publicity given to this matter is now having some effect even if it is only on owner/occupiers.

The Council have shown an example of what can be done to improve older property by providing bathroom facilities in the former Tradewell properties numbered 65 to 103 Netherfield Lane.

It is now obvious that the majority of property owners are reluctant to improve their properties with bathrooms and that Local Authorities must have power to insist on compulsory improvements.

SECTION 'E'

FOOD HYGIENE

The old adage of being able to bring a horse to the water but being unable to make him drink is often true about the food trade. Food Premises can have all the equipment and hot water required by law but there can be no guarantee that the staff will use it. The Public Health Inspector has to act as an educator during his visits to food premises and in addition to pointing out and contraventions he must be able to illustrate the real reason for his requests. I do believe that the relationship between the Public Health Inspector and the majority of food traders in Rawmarsh is good and that the inspector's visit to food premises is not a time for alarm but a time for discussion and exchanges of views on matters of hygiene.

The food premises in the Urban District are quite well conducted and there is none that gives any cause for real concern.

No. of food premises in the area:—

Catering Establishments	.....	.....	.....	12
Bakehouses	.....	.....	.....	8
Food Shops	.....	.....	.....	201

Registered Premises under Section 16 of the Food & Drugs Act, 1955.

Ice-cream Manufacturers	.....	.....	.....	—
Ice-cream retailers	.....	.....	.....	84
Manufacturers of sausage or potted and preserved foods	.....	.....	.....	18
Food Hawkers	.....	.....	.....	64

There is an increasing number of mobile food traders coming into the district selling a wide variety of products such as meat, fish, vegetables, groceries, bread and cakes. It is my experience that this type of trader does need careful attention for all too frequently food vehicles do not carry a hot water supply or the hot water has long since turned cold.

Many of the food vehicles are like mobile supermarkets selling all manner of food and are operated by one man who is the driver. This man is continually up and down from his driving activities serving open food and the dangers from him contaminating the food can be very real. It is regrettable that the law relating to food vehicles is so weak when risks are so great. Until the legislation governing Food Hawkers is made more stringent their vehicles must always receive the closest scrutiny from the Public Health Inspector.

Other Food Inspection

Co-operation with food traders has resulted in many different types of food being inspected with a view to its soundness. As a result of such inspections the following foods were found to be unfit for human consumption and were voluntarily surrendered and destroyed—

Tinned Food(other than meat)	.....	106 lbs.	9½ ozs.
Tinned Meat	.....	72 lbs.	7½ ozs.
Bacon and Ham	.....	102 lbs.	9 ozs.
Liquid Hen Eggs	.....	56 lbs.	0 ozs.
Cheese	.....	53 lbs.	8 ozs.
Sausages	.....	4 lbs.	0 ozs.
Pork	.....	2 lbs.	4 ozs.
Tongue	.....	2 lbs.	12 ozs.
		400 lbs.	2 ozs.

The number of shop premises selling ice-cream has now risen to 84 and in addition 13 mobile traders come into the district to sell ice-cream.

Regular sampling has been carried out during the year and particular attention has been given to taking the samples from ice-cream vehicles. The following table shows the results of the sampling.

No. of Samples	Provisional Grade	Remarks
39	1	Good
4	4	Unsatisfactory
6	2	Fair
1	3	Poor

In addition to the ice-cream samples nine iced lollies were also taken for laboratory examination and the results were quite satisfactory.

Milk

Although most of the milk sold in the district is heat treated a careful check is maintained and regular samples are submitted to the Public Health Laboratory.

One sample of farm bottled milk proved to be unsatisfactory. A discussion on dairy cleanliness took place with the farmer concerned and follow up samples proved to be perfectly satisfactory.

	No. of Samples	No. Satisfactory
Tuberculin Tested (Farm Bottled) milk	14	13
Tuberculin Tested (Pasteurised) milk	40	40
Pasteurised milk	32	32
Sterilised milk	30	30

Meat Inspection

I am pleased to say that 100% meat inspection of all animals slaughtered in the district has again been guaranteed. The scheme for the eradication of tuberculosis in cattle has proved very successful and there has not been any tuberculosis whatsoever in the cattle that have been inspected.

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
No. killed	56	—	—	217	1605	—
No. inspected	56	—	—	217	1605	—
All diseases except Tuberculosis and Cysticerci						
Whole carcasses con- demned	—	—	—	—	—	—
Carcases of which some part or organ was con- demned	2	—	—	—	219	—
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci...	3.57	—	—	—	13.75	—
Tuberculosis only						
Whole carcasses con- demned	—	—	—	—	1	—
Carcases of which some part or organ was con- demned	—	—	—	—	48	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	3%	—
Cysticercosis						
Carcases of which some part or organ was con- demned	1	—	—	—	—	—
Carcases submitted to treatment by refrigeration	1	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

PUBLIC CLEANSING

The refuse collection service in Rawmarsh is a good one and one of which the district can be justly proud. Refuse is collected with a weekly regularity from every household despite annual holidays and adverse weather conditions. I have not received one complaint during the year regarding the service and because of its smoothness I believe it is a service the public take for granted but should any lengthy disruption take place it would be the first service the public were aware of.

Not only is refuse collected from every household with regularity but from most of the business premises too. Indeed, for only a nominal charge, trade refuse is collected from some premises two or three times each week.

The refuse collection service is now built upon three rear-loading Shelvoke & Drewry 16/18 cubic yard fore and aft tipping vehicles each fitted with a power press. There is also a 7 cubic yard side loading Karrier vehicle collecting principally refuse from business premises. An older Karrier vehicle of 10 cubic feet capacity is retained as a spare vehicle in case of breakdowns. The Department also has an Austin 5 cwt. van for general duties and a Shelvoke & Drewry gully emptying vehicle.

The refuse collection staff has again been fairly constant and only six resignations have taken place during the year. There is actually a nucleus of workmen who have been in the refuse collection service most of their working lives and I am grateful to these men for their loyalty to the Local Authority. The rate of pay is not so attractive that there is a constant clamour for a vacancy and therefore a salvage bonus is paid as an additional encouragement.

The amount of salvage collected and sold has been good despite the restriction on the amounts of waste paper the paper mills will take from us. Scrap metal sales and textile sales have been higher than for many years and this has meant not only a good salvage bonus for the refuse collectors but an increased contribution to the Council's rate fund.

Salvage Collected and sold in 1963:—

		tons	cwts	qrs	lbs	£	s.	d.
Paper & fibreboard	.....	160	1	3	0	1328	0	3
Metal Scrap	.....	19	0	3	21	258	4	4
Textiles	.....	7	4	1	7	115	13	5
		<hr/>				<hr/>		
		186	7	0	0	1701	18	0
		<hr/>				<hr/>		

Refuse has continued to be disposed of at the Warren Vale Tip along the lines of the Ministry recommendations for controlled tipping. The Bristol Tractor with either bulldozer blade or shovel attachment has continued to be used very effectively and the refuse is controlled to narrow tipping bays and completely covered at the end of each working day. There has never been any trouble with insect pests and only rarely has there been any rodent infestation. When rats have been seen at the tip an immediate poison baiting has been carried out and the infestation wiped out whilst it was still a minor one.

The rubber covers to the 2½ cubic feet dustbins have proved very popular as noise eliminators and all new dustbins are fitted with them. Experiments with paper sacks have proved successful and if the price can be brought a little lower I feel that a trial scheme might be introduced. Certainly the idea of a clean receptacle for refuse every week appeals to me and I believe it will appeal to the general public too.

The work of gully cleansing has continued smoothly and the machine has again been useful in emptying flooded cellars and in sewer flushing. Quite regular calls come in from the public for assistance in recovering purses, coins, cigarette lighters, etc. that have been dropped into street gullies.

It has been a good years work for public cleansing, a year of quiet efficiency.

SECTION 'F'
PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Infectious Diseases (Corrected) **Age Distribution**

Diseases	Total Cases Notified	Cases after Correction	Under 1 yr.	1 —	2 —	3 —	4 —	5 — 9	10 — 14	15 — 24	25 — 44	45 — 64	65 and Over
Scarlet Fever 	10	10	1	—	—	1	2	5	1	—	—	—	—
Whooping Cough 	34	34	1	5	5	2	5	16	—	—	—	—	—
Measles 	441	441	11	48	66	69	60	183	4	—	—	—	—
Dysentery 	4	4	—	—	3	—	—	—	—	—	1	—	—
Acute Pneumonia 	2	2	—	—	—	—	—	—	—	—	2	—	—
Puerperal Pyrexia 	1	1	—	—	—	—	—	—	—	1	—	—	—
Totals ...	492	492	13	53	74	72	67	204	5	1	3	—	—

TUBERCULOSIS

No. on Register at 31st December, 1963

		Males	Females	Total
Pulmonary	.....	27	26	53
Non-Pulmonary	.....	10	6	16
		<hr/>	<hr/>	<hr/>
		37	32	69
		<hr/>	<hr/>	<hr/>

No. Removed from Register during 1963

		Pulmonary		Non-Pulmonary		
		Males	Females	Males	Females	Total
Deaths	.....	—	—	1	—	1
Others (cured, re-diagnosed, transfers of area, etc.)	.....	1	1	—	—	2
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		1	1	1	—	3
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Additions to Register during 1963

		Pulmonary		Non-Pulmonary		
		Males	Females	Males	Females	Total
New Notifications	—	—	1	—	1
Others (cases restored to Register, transfers, etc.)	—	—	—	—	—
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		—	—	1	—	1
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

New Notifications

Age Groups:

		Pulmonary		Non-Pulmonary		
		Males	Females	Males	Females	Total
25—45	—	—	1	—	1
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		—	—	1	—	1
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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